

GAP

GENERAL ADMINISTRATIVE PROCEDURES

SECTION:	500 SCHOOL ORGANIZATION AND MANAGEMENT
GAP NUMBER:	514.02
SUBJECT:	Medical Procedures Protocol: Anaphylactic Reactions – Epi-Pen Use
REFERENCE:	Board Policy 1.25
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Overview

The Dufferin-Peel Catholic District School Board recognizes that some pupils within the school system are susceptible to severe anaphylactic reaction to a particular food, drug or insect sting. Anaphylactic reactions can be life-threatening.

Anaphylaxis (anna-fill-axis) is potentially a life-threatening allergic reaction, which involves several body systems, skin, upper and lower respiratory, gastro-intestinal, and cardiovascular.

It can cause many different symptoms. Life-threatening components include those involving the airway and blood circulation.

The goal of the board's policy is to provide a safe environment for pupils with life-threatening allergies, recognizing that it is not possible to reduce the risk to zero.

In Canada, anaphylaxis is estimated to affect 1% to 2% of the population (about 600,000 people).

Accidental administration of Epinephrine medication, if a reaction is not actually taking place, is not a cause for concern, according to the Canadian Paediatric Society. "In young patients, serious adverse effects of epinephrine such as cardiac arrhythmias and hypertensive crisis are extremely rare, and the life-saving benefit of injecting epinephrine in cases of suspected anaphylaxis outweighs any small risk of side effects."

Causes

Common causes are food, insect stings (e.g. yellow jacket, wasps) and medication. Other causes are latex, exercise (usually in conjunction with ingestion of a food), and immunotherapy (allergy shots).

Food Allergies

Food accounts for approximately 50% of all anaphylactic reactions, and this proportion is probably higher in children. Any food can cause anaphylaxis, but, in North America, nine foods account for more than 90% of all reactions. These are: peanut, tree nuts, shellfish, fish, milk, egg, soy, sesame seed, and wheat. Sulphite, while not a food, is considered a 'major allergen' by Health Canada. Often found in processed foods and beverages, it can trigger an allergic reaction in sulphite-sensitive people.

In North America, peanut and tree nuts have caused the greatest number of food-related deaths in children. It is important to provide safeguards for all children with other life-threatening allergies (including milk, egg, sesame seed, etc.). Parents/guardians are encouraged to work with Dufferin-Peel Catholic District School Board staff to develop specific avoidance strategies.

Fundraising Activities

The Dufferin-Peel Catholic District School Board requires that the health and safety of the entire school community be foremost in any decisions regarding School fundraising activities. Administrators need to identify life-threatening allergens of the student population (peanut, seafood, eggs, dairy, tree nuts, soy, shellfish, wheat, sesame seeds, and so forth) and ensure appropriate accommodations so that student's safety and well-being is not compromised. The benefits and the risks of such fundraising must be carefully considered. Consultation with the adult student and/or parent/guardian of the anaphylactic student shall occur, in order to ensure that the appropriate accommodations are in place to protect the student from exposure to any products containing allergens that are brought into the school for fundraising purposes. As appropriate, consultation with the Catholic School Council will occur.

Create A Safe Environment

- * Know which pupil / staff have allergies
- * Encourage allergic individuals to always carry epinephrine on their person (e.g., Epi-Pen) and wear Medic Alert identification
- Inform the community about anaphylaxis
- * Have parent(s)/guardian(s) complete an anaphylaxis emergency protocol form with information specific to the pupil, including his/her photo (See Appendix D: Emergency Allergy Alert Form)
- * Encourage self advocacy of pupil with anaphylactic allergens

Know the Signs and Symptoms Think F. A. S. T.

F.	Face:	itchiness, redness, swelling of face and tongue
A.	Airways:	trouble breathing, swallowing or speaking
S.	Stomach:	stomach pain, nausea, vomiting, diarrhea
T.	Total:	hives, rash, itchiness, swelling, weakness, pallor (paleness), sense of doom, loss of consciousness

Treatment

Despite best efforts, accidents can happen. Epinephrine (e.g. Epi-Pen) is the medication of choice in the treatment of an anaphylactic reaction. Given the rapidity with which symptoms can develop and progress, epinephrine must be available immediately.

PROCEDURES: 3 A's (AWARENESS, AVOIDANCE, ACTION)

A. AWARENESS

Identification of Anaphylactic Pupils

The Principal must maintain a file (GF400A Red Folder for OSR) for each pupil who has an anaphylactic allergy of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse, and a current emergency contact list. Contents of an individual plan must include:

- * Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment
- * A readily accessible emergency procedure for the pupil, including emergency contact information (See Appendix D)
- * Storage for epinephrine auto-injectors, where necessary
- * Responsibility of parent(s)/guardian(s) to identify to the school and provide information re: foods that trigger, treatment protocol (signed by pupil's physician), any changes in pupil's condition from previous years, and permission to post photos and medical info in key locations; e.g., classroom, health room, staff room, etc.
- * Pupil with an anaphylactic allergy should be identified in elementary/secondary transition
- * Encourage all pupils with an anaphylactic allergy to always carry epinephrine on their person (Epi-Pen) and to wear a medical alert identification

Identification to All Staff

- * All staff (teaching and non-teaching) shall be made aware of pupils with an anaphylactic allergy at first staff meeting, or as early in school year/semester as is possible
- * Policy to be reviewed with all staff, bus drivers, volunteers, etc. who come in contact with pupil
- * Allergy-alert form with photo, description of allergy and treatment plan should be in student's files and posted in Health Room
- * Identification in Trillium
- * Share with parent(s)/guardian(s) where information will be posted
- * Instructions on symptoms, emergency procedures and "Epi-Pen" use should be posted and visible in key locations

In-Service

- * School Board to ensure that in-service is provided by either board or school staff to school office staff, teachers, occasional teachers, clerical staff, ERWs, school bus drivers, custodians, cafeteria staff, volunteers and others who may come in contact with pupils with an anaphylactic allergy. The in-service is to focus on recognition of anaphylactic reaction, emergency procedures and board policies to protect student from exposure to allergen;
- * All staff, in position of responsibility for pupils with an anaphylactic allergy, must be trained in the use of the *“Epi-Pen Trainer”* and view and discuss video, *“Taking Control Food Allergies and You”*;
- * Administrators connect with community health partners and the Community Care Access Centre (CCAC) for special needs pupils;
- * Parents/Guardians responsible to ensure specific info on their child is made available to school staff, including allergens and symptoms for their child;
- * Information regarding allergens should be shared (i.e. newsletter);
- * School to keep up-to-date record of staff who received in-service in use of “EpiPen”, and, the Board will keep records for occasional teacher;
- * Complete Appendix Q September of each year for staff sign-off re: training.

Sharing Information with Other Pupils

With permission of parent(s)/guardian(s), this should be done in such a way as to reduce chance of teasing, threatening, bullying, etc.

Sharing Information with Parents/Guardians and Parent Groups

- * Develop communication strategy (i.e. school/class newsletters, community information sessions, etc.)
- * At the start of the school year/semester, a letter should be sent to parent(s)/guardian(s) explaining the food allergy and how parent(s)/guardian(s)/community can keep pupils safe; (see Appendix I and G)
- * Provide suggested alternatives to food allergens
- * Any student with food allergy should not eat foods other than those sent from their home
- * Follow-up reminders throughout year (see Appendix T)
- * Suggestions on what to do if pupils continue to bring allergen to school: reminder of danger, letter to home requesting co-operation, calling offending families asking for consideration,

requiring student with allergen to eat away from anaphylactic student. Fall-back plans should be developed before school year starts

- * Maintain Open Communication

B. AVOIDANCE

Providing Allergen Aware Areas – Where Possible

- * Establish classrooms as “allergen aware” areas using co-operative approach with pupils and parent(s)/guardian(s)
- * Develop strategies for monitoring the above area and for identifying high-risk areas for anaphylactic pupils
- * Last resort, provide safe eating area for pupils with an anaphylactic allergy

Lunchroom Eating Area Procedures

- * Pupils should not wander with food; i.e., to and from garbage, leave waste, lunch on their desk
- * Require anaphylactic pupils to eat only food prepared at home or approved for consumption
- * Discourage sharing food/utensils
- * Mealtime precautions:
 - consistent place and clean area
 - food placed on waxed paper/napkin, and
 - pack up lunch, leaving it with supervisor if leaving room (washroom break)
- * Establish hand-washing routine before and after food time. If hand-washing is not possible, (no sink in classroom) use wet wipes
- * If there is a cafeteria or lunch/snack provider, keep allergens off menu
- * Where possible, tables and other eating surfaces should be washed after eating
- * Vending machines are considered a service for the school community, which may include milk and/or other products, and which are consistent with the Ministry of Education's School Food and Beverage Policy (PPM 150). Vending machines must be clearly labelled or contain warnings with respect to their contents, and that appropriate procedures should be put in place to minimize contact by students with allergies to such products.

Hidden Allergens

- * Play dough, beanbags, stuffed toys, sand/water tables, counting aids (beans, peas), science projects, seasonal activities (Easter Eggs)
- * Fund-raising activities
- * Pupils with an anaphylactic allergy should not participate in recycling/school clean-up
- * Allow pupils with an anaphylactic allergy to keep the same locker/desk all year
- * Year-end clean-up of lockers/desks etc. essential

Holidays/Celebrations

- * Encourage non-edible treats
- * Food to be shared, not recommended for allergic pupil - must have list of ingredients
- * Pupils with an anaphylactic allergy to provide own treat from home, may be frozen and kept for other occasions

Excursions

- * Include “serious medical conditions” section in trip manifests
- * Require all supervisors to be aware of pupils with an anaphylactic allergy, allergens and treatment
- * Ensure staff/parent(s)/guardian(s) have a cell phone in case of emergency
- * Require parent(s)/guardian(s) of pupils with an anaphylactic allergy to provide two/three “Epi-Pens” to be administered if individual experiences a backward slide in condition, i.e. worsens, every 10-20 minutes on route to hospital
- * If risk too great, consult with parents/guardians

NOTE: For class trip, school should reconsider destination

Supply Teachers/Volunteers/Others

- * Require regular teacher to leave info re pupils with an anaphylactic allergy with emergency procedures outlined and, if possible, involve them in in-services

Bus Safety

- * Bus operators must be informed of presence of pupils with an anaphylactic allergy, and drivers must be trained in emergency response procedures
- * Develop risk reduction and individual emergency response plan which accounts for route and distance from medical help
- * Establish buddy system to watch for unusual behaviour
- * Designated seating placement for pupils with an anaphylactic allergy
- * No Food/Drink Policy

Insect Stings’ Precautions

- * Avoid colourful, loose-fitting clothes (newsletter inserts)
- * Regular inspection for bees and wasps and removal thereof
- * Ensure garbage properly covered
- * No food outdoors at recess (elementary panel)
- * Allow pupils with an anaphylactic allergy to remain indoors during high risk times
- * Remove anaphylactic student if bee or wasp enters room
- * Any open windows should have screens

APPENDIX A

Dear Parent(s)/Guardian(s):

Re: Administration of Epinephrine (Epi-Pen) for Life Threatening Allergy

To be prepared for your child's medical needs on his/her first day of school, we request that you complete the attached forms and return them to the school during the last week of August, prior to your child beginning school. Please make an appointment to review your child's needs with the principal and your child's classroom teacher.

ADMINISTRATION OF EPINEPHRINE (EPI-PEN):

The goal of the board's policy is to provide a safe environment for children with life-threatening allergies, but it is not possible to reduce the risk to zero.

The Dufferin-Peel Catholic District School Board's policy requires, prior to administration of prescribed medication to your child, by school staff, that the 'Request and Consent for the Administration of Epinephrine Form' must be completed and returned to the school principal prior to your child starting school.

EMERGENCY TREATMENT FORMS:

Enclosed are three blank 'Anaphylaxis – Emergency Treatment Forms'. Please complete the information requested and return along with a recent photo of your child. Please ensure that the picture is a minimum of 2" x 3" with only a head and shoulder shot. The Emergency Allergy Alert Form, containing your child's picture, will be posted in the Health Room.

**INFORMATION – RESPONSIBILITIES OF PARENT/GUARDIAN –
RESPONSIBILITIES OF PUPIL WITH ANAPHYLAXIS:**

Please refer to the attached forms. Kindly ensure that you go over the student responsibilities' form with your child. If you have any questions, please direct them to the principal during the last week in August or prior to your child starting at the school.

MEDICINE TO BE ADMINISTERED:**LIFE THREATENING ALLERGIES (Epi-Pen)**

We request that you provide two (2) containers – one your child will carry with her/him, (JK – SK pupils will have it located in classroom); the second will be located in a central location (office/health room), for easy access.

Should you have any questions regarding the administration of medication, or the emergency treatment of life-threatening allergies by school staff, please make an appointment to see the Principal during the last week in August prior to your child beginning school.

Yours sincerely,

Principal
Attach

APPENDIX B

(Board Letterhead)

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE (EPI PEN)

TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)

SECTION A:

Student Name: _____ Date of Birth: _____
(Surname) (First) (Year/Month/Day)

Gender: _____ Student Number: _____

Home Telephone Number: _____

Medic Alert I. D.: Yes: _____ No: _____

Teacher: _____ Classroom Number: _____

Father's Name: _____ Home Telephone Number: _____
Business Number: _____

Mother's Name: _____ Home Telephone Number: _____
Business Number: _____

Legal Guardian: _____ Home Telephone Number: _____
Business Number: _____

Emergency
Contact Person: _____ Telephone Number: _____

EXPIRY DATE OF EPI-PEN: _____

I/We understand that:

- a) The goal of the board's anaphylaxis policy is to provide a safe environment for our child with a life-threatening allergy, but it is not possible for the school to reduce the risk to zero.
- b) Teachers and Principals and other school staff are not health professionals and have no more information about the medical condition of my/our child than that which has been provided to them. They are not experts in recognizing the symptoms of my/our child's medical condition or in treating it.
- c) Our child's medication needs to be updated prior to its expiry date.

I/We, as parent(s)/guardian(s), are responsible for ensuring that the Epi-Pen -

- is contained in the original container
- is clearly labelled with the name of the child
- has clearly indicated name of physician

The following Emergency Plan (**A.C.T.**) is from Anaphylaxis Canada:

Administer the Epi-Pen immediately when the child displays any of the anaphylactic symptoms.

Call 911.

Transport the child, by ambulance, to hospital – even if symptoms subside.

I/We have reviewed the "Responsibilities of Parents/Guardians of an Anaphylactic Pupil" and have discussed the "Responsibilities of the Anaphylactic Student" with our child.

Check appropriate box: YES () NO ()

(Continued on Back Page)

GF400 B) cont'd

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE (EPI PEN)

Continued . . .

TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)

SECTION B:

I/We give consent that the “Anaphylaxis – Emergency Treatment Form” with the picture of my/our child, can be posted in appropriate locations of the school (e.g. health room, staff room, pupils’ classroom). It is understood that the reason for this display is to enable Board personnel to be better able to respond to potential emergencies.

In the event of our child experiencing an anaphylactic medical emergency, I/We request and consent to the injection of epinephrine Epi-Pen.

Parent/Guardian: _____
(Print Name) (Signature)

Date: _____

TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)

SECTION C:

Student's Name: _____

Please List Specific potentially life-threatening allergens:

Please indicate the nature of the reaction (check all applicable):

- Physical contact with this allergen may cause an anaphylactic reaction;
Airborne contact with this allergen may cause an anaphylactic reaction;
Ingestion of food may cause an anaphylactic reaction.
Other (Please explain below):

Recommended treatment in the event of accidental exposure:_____

Parent/Guardian: _____
(Print Name) (Signature)

Date: _____

NOTE: THIS REQUEST WILL TERMINATE ON JUNE 30TH OF EACH SCHOOL YEAR.

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980,c.129. This information will be used for the purposes of providing health and safety in the event of an emergency. Questions regarding this collection should be directed to the Principal.

(August 2006)

Distribution: _____ Anaphylactic File (OSR) _____ Parent/Guardian

GF400 C

APPENDIX C

(Board Letterhead)

SCHOOL RECORD OF MEDICAL SERVICES

Student Name: _____ Student Number: _____
(Surname) (First)

Date of Birth: _____
(Year/Month/Day)

School: _____ Grade/Placement: _____

SECTION 1:

**THE PARENT(S)/GUARDIAN(S) REQUEST AND CONSENT FOR THE ADMINISTRATION
OR AN INJECTION OF MEDICATION IN AN EMERGENCY IN THE SCHOOL -**

Home Telephone: _____ Home Telephone: _____
Business Telephone: _____ Business Telephone: _____

I/We request that the Dufferin-Peel Catholic District School Board provide for the administration of an emergency injection of medication for my/our son/daughter in the event that the following should happen:

I/We understand that:

- a) a Medical Doctor must consent to this request in accordance with Section 2 of this form;
- b) only a limited supply of the medication may be kept at the school as prescribed by the Doctor;
- c) the medication must be brought to the school in a closed container and the label must detail the name of the student, the type/name of the medication, and the size of the dosage;
- d) if the medication is not provided to the school, contact will be made with the parent(s)/guardian(s) and will also be made with parent(s)/guardian(s) under any other exceptional circumstances; e. g. pupil refuses medication.

I/We consent to:

- a) the establishment of a service for the administration of medication in an emergency situation discussing any aspect of the service with a public health nurse where the need arises.

(Signature of Parent/Guardian)

(Date)

(PLEASE HAVE FAMILY DOCTOR COMPLETE PART 2 ON REVERSE SIDE OF THIS FORM.)

GF400 C cont'd

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EMERGENCY MEDICATION

Student's Name: _____

Student Number: _____

SECTION 2:**DOCTOR'S APPROVAL FOR THE ADMINISTRATION OF EMERGENCY MEDICATION IN
THE SCHOOL –**

1. Diagnosis: _____
2. Reason: _____
3. When should the medication be administered: _____
4. Where should the medication be administered?

5. Additional directions:

- 6, The parent(s)/guardian(s) of the above named pupil have requested the Dufferin-Peel Catholic District School Board to offer a service for the administration of medication in an emergency to their child in the school. The Board requires a Doctor's approval before implementing such a program. Your signature below will provide the required approval with the following specific directions (if any – e. g. refrigeration, reactions):

I APPROVE THE ADMINISTRATION OF EMERGENCY MEDICATION AS DESCRIBED ABOVE FOR:

(Student's Name)_____
(Doctor's Name)_____
(Doctor's Signature)_____
(Date)**SECTION 3:****DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD STAFF APPROVAL FOR
IMPLEMENTATION –**

The administration of emergency medication in an emergency will be implemented as described above.

At the same time, school personnel will contact emergency ambulance services.

(Principal's Signature)_____
(Date)

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O 1980,c.129. This information will be used for the purposes of providing health and safety in the event of an emergency. Questions regarding the collection should be directed to the Principal.

(May 2011))

Distribution: _____

Anaphylactic File (OSR)

_____ Parent/Guardian

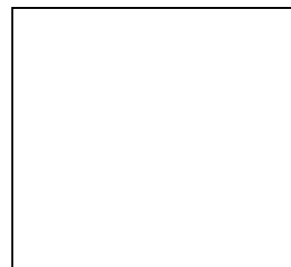
GF400 D

APPENDIX D

(Board Letterhead)

EMERGENCY ALLERGY ALERT FORM EPI-PEN ONLY
--

Name: _____
 Address: _____
 Home Telephone: _____
 Emergency Phone: _____
 Parent/Guardian Work Phone: _____
 Parent/Guardian Work Phone: _____
 Teacher: _____
 Class: _____
 Physician: _____
 Physician's Telephone: _____



ALLERGY-DESCRIPTION: This pupil has a DANGEROUS, life-threatening allergy to the following items and to all foods containing them in any form, in any amount:

AVOIDANCE: The key to preventing an emergency is ABSOLUTE AVOIDANCE of these foods. **NOTE:** WHAT ABOUT OTHER ALLERGEN CAUSES? WITHOUT AN EPI-PEN, THIS PUPIL MUST NOT BE ALLOWED TO EAT ANYTHING.

EATING RULES: (List eating rules for pupil, if any, in this space)

POSSIBLE SYMPTOMS:

- Flushed face, hives, swelling or itchy lips, tongue, eyes
- Difficulty breathing or swallowing, wheezing, coughing, choking
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- Tightness in throat, mouth, chest
- Vomiting, nausea, diarrhea, stomach pains
- Loss of consciousness

ACTION – EMERGENCY PLAN:

- At sign of difficulty (e.g. hives, swelling, difficulty, breathing):
- Use Epi-Pen immediately
- HAVE SOMEONE CALL AN AMBULANCE to advise the dispatcher that the pupil is having an anaphylactic reaction
- If ambulance has not arrived in 15 – 20 minutes and symptoms reappear or become worse, give a second Epi-Pen
- Even if symptoms subside entirely, this pupil must be taken to the hospital immediately

EPI-PENS are kept in _____
 (Classroom/lunchroom/staff room/office/with student)

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980,c.129. This information will be used for the purposes of providing health and safety in the event of an emergency. Questions regarding this collection should be directed to the Principal.

Distribution: _____ Anaphylactic File (OSR)
_____ Post Original in “Health Room”

(August 2008)

APPENDIX E



SCHOOL BOARD LOGO ONTARIO SCHOOL BOARDS'INSURANCE EXCHANGE FONDS D'ECHANGE D'ASSURANCE DES CONSEILS SCOLAIRES DE L'ONTARIO INCIDENT REPORT FORM/RAPPORT D'INCIDENT

APPENDIX E

Complete Incident Report

Online – This is the preferred method to report incidents/accidents involving students, visitors, guests and volunteers. Each school has been provided with a USER MANUAL (clear pink duo tang) with the online procedures, including a common user name and password for Dufferin Peel CDSB.

If necessary, fax within 24hours of incident – FAX 519-767-0281

PLEASE TYPE OR PRINT/S.V.P. DACTYLOGRAPHIER OU ÉCRIRE EN LETTRES MOULÉES



ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE
FONDS D'ÉCHANGE D'ASSURANCE DES CONSEILS SCOLAIRES DE L'ONTARIO
INCIDENT REPORT FORM/RAPPORT D'INCIDENT

To be completed by Person In Charge. Not to be completed by Parent or Injured Party.
À remplir par la personne responsable. À remplir par une personne autre que le parent ou la personne blessée.

I - INJURED PERSON(S) PERSONNE(S) BLESSE(E)

IF PERSON IS DEAD, INDICATE DATE OF DEATH AND WHERE IT OCCURRED. IF FATALITY REPORTED, IMMEDIATELY TELEPHONE CORRESPONDING CLERK'S DEPARTMENT.
SI LA PERSONNE EST MORTUÉ, INDICER LA DATE ET LE LIEU DE LA MORT. SI UN DÉCÈS A ÉTÉ DÉCLARÉ, APPELER IMMÉDIATEMENT LE DÉPARTEMENT DES CLERKS CORRESPONDANT.

Last/Nom de famille	First/Prénom	Class of Person/Classe de blessé(e)	D	M	Y
Street/Rue	City/Ville	Postal Code/Code postal			

II - DETAILS OF INCIDENT DÉTAILS DE L'INCIDENT

Date						1 ☐ Bodily Injury/Blessure corporelle	2 ☐ Property damage/Dommages aux biens
------	--	--	--	--	--	--	---

III - NATURE OF INCIDENT NATURE DE L'INCIDENT

1 ☐ Sports injury/Blessure sportive	2 ☐ Assault/Agression	4 ☐ Other/Autre
3 ☐ Slip or fall/Glissade ou chute		Description
5 ☐ Rough Play/Jeu brutal		
Name of Sport/Nom du sport		
Classroom/Classe	Gymnasium/Gymnase	Field trip/Excursion
Portable/Classe mobile	School yard/Terrain de jeux	Washroom/Toilette
Cafeteria/Cafétéria	Slide/Glissade	Shop/Atelier
Hallway/Corridor	Swings/Balanoire	Swimming pool/Piscine
Stairs/Escalier	Climber/Grimpeur	Other/Autre
		Sidewalk/Trottoir
		Parking Lot/Terrain de stationnement
		Driveway/Allée
		Path/Sentier

DID INCIDENT OCCUR ON SCHOOL BOARD PREMISES/EST-CE QUE L'INCIDENT S'EST PRODUIT DANS LES LOCAUX DU CONSEIL SCOLAIRE? ☐ YES/OUI ☐ NO/NON
IF "NO", GIVE FULL ADDRESS OF INCIDENT SITE/SI "NON" VEILLER DONNER L'ADRESSE COMPLÈTE DU LIEU DE L'INCIDENT:

IV - DESCRIPTION OF INCIDENT DESCRIPTION DE L'INCIDENT

HOW/WHERE INCIDENT OCCURRED/OU ET COMMENT L'INCIDENT EST SURVENU :

V - WITNESSES TEMOINS

		()
		()
		()
		()

*INDICATE ADULT (A) OR MINOR (M) *INDIQUER ADULTE (A) OU MINEUR (M)

VI - SCHOOL DETAILS DÉTAILS DE L'ÉCOLE

School Board/Conseil scolaire	
School/École	
Address of School/Adresse de l'école	
Person in charge/Personne responsable	
Principal/Directeur	
DATE:	COMPLETED BY/REMPI PAR : TELEPHONE: ()

APPENDIX F

School Guide Anaphylaxis Protocol

Anaphylaxis is life threatening and can appear suddenly without warning. Working as a team of parents and school staff, anaphylaxis can be a manageable condition. The pupil with an anaphylactic allergy needs the support of the entire school community to stay safe and to prevent an anaphylactic reaction.

Here are some suggestions to make the school safer for pupils with anaphylaxis:

- If student has no EpiPen ® Only food provided by care-giver.
- Semi-annual in-service about anaphylaxis and practice with an EpiPen ® trainer
- Establish classroom rules: No Sharing Food
- Discourage allergic foods in the classroom
- Send a letter to the entire school community that the allergic food not be sent to the school as a snack or as a lunch.
- Inform the student's parents well in advance of special events involving food
- Establish a procedure for informing substitute teachers and support staff
- Listen to and believe the student. He or she may be having a reaction before you see it.
- Reassure the student that you are aware of his/her needs and that you know how to keep him/her safe.
- Train the student to self advocate regarding their allergy e.g. how to approach an adult
- Ensure that EpiPen® is kept with the student or supervising teacher at all times.
- Be aware that there are cases of pupils with an anaphylactic allergy being threatened with the allergen by bullies. School staff shall deal with such a situation as a serious incident.
- Do not hesitate to contact the student's parents, or other sources for further help and information.

Fundraising Activities:

The Dufferin-Peel Catholic District School Board requires that the health and safety of the entire school community be foremost in any decisions regarding School fundraising activities. There will be no fundraising events that include life-threatening allergens such as peanuts, peanut by-products, tree nuts, fish, milk, egg, soy, sesame seed, shellfish and wheat.

Administrators need to identify other life-threatening allergens of student population (milk, cheese) and ensure that student's safety is not compromised.

APPENDIX G

September Anaphylaxis Letter

As we begin a new school year we would like to inform you that

Elementary/Secondary, is an allergen aware school. There are pupils in attendance who suffer from severe and life threatening allergies to certain foods, such as peanut and nut products.^{*} Exposure to the smallest quantities can cause severe life threatening reactions. Anaphylaxis is a severe and life threatening allergic reaction. The most common allergen triggers are food, insect stings, medications, exercise and latex. An anaphylactic reaction involves symptoms from two or more body systems. Safety of all of our students is paramount.

We at _____ would appreciate the co-operation of the entire school community by NOT sending any lunches or snacks that contain the list of food products attached, which could potentially harm a pupil. Please make sure that all of your children's caregivers are aware of the food restrictions. Please avoid sending food for birthday or special occasions. There are many alternatives such as stickers and pencils.

If you have any questions please talk to your child's teacher or the school staff.

We look forward to our co-operation in making this a safe year for all our pupils.

***NOTE: schools will need to personalize life threatening allergy (ie., peanut and nut products, milk, egg, soy, wheat, fish, shellfish)**

APPENDIX H**ANAPHYLACTIC REACTION****SAMPLE NEWSLETTER**

We felt that all parents would like to be aware that there is a pupil (or several pupils) in school with a severe life-threatening food allergy (anaphylaxis) to peanuts and nuts.

This is a medical condition that causes a severe reaction to certain allergens and can result in death within minutes. Although this may or may not affect your child's class directly, please send foods with your child to school that are free from peanuts or nut products.

There will be more information about anaphylaxis shared throughout the school year (ie., newsletter, class letters, website)

Thank you for understanding and cooperation.

APPENDIX I (1 of 2)

FOODS THAT CAN CAUSE AN ANAPHYLACTIC REACTION

Any food can cause a reaction to someone. Anyone can be or become anaphylactic to ANY food at anytime throughout their lifetime.

The ten most common food allergens are: peanuts, tree nuts, milk, eggs, wheat, seeds, fish, shellfish, soybean, and sulphite. The following lists are some alternative names that may be found on labels.

PEANUT

cold-pressed peanut oil
ground nuts
nut meats
mandelonas
arachis oil
goober nuts
nu-nuts

TREE NUT

walnut
almonds
brazil nuts
cashews
chestnuts
pecans
hazelnuts
pine nuts
shea nuts
macadamia nuts
pistachios
hickory nuts
pinion

WHEAT

couscous
gluten
farina
durum wheat
wheat bran
wheat germ
graham flour
bulgar
semolina
spelt
kamut

EGG

ovalbumin
globulin
protein
lecithin (from egg)
albumin
conalbumin
lysozyme
ovomucin
vitellin
ovovitelin
vomucoid
livetin

MILK

whey
curds

casein
caseinates
milk ingredients
milk solids
modified milk ingredients
lactalbumin
lacto globin
- lactos is a milk sugar not a milk protein

SOYBEAN

soya
hydrolyzed soy

soy protein
tofu
soja

SHELLFISH

crab

crayfish
shrimps
prawns
lobster

FISH

tuna
sesame/tahini/tachini
bass
bluefish
carp
anchovy

SEEDS

cottonseed
caraway
mustard
flaxseed

APPENDIX I (2 OF 2)**SHELLFISH
(continued)**

snails
oysters
octopus
scallops
squid
abalone cockle
conch mussels
clams

*preservative added to
which causes a*

reaction)

dithionite

metabisulphite

bisulphite

metabisulphite

bisulphite

FISH

catfish
cod
eel
flounder
haddock
halibut
herring
mackerel
marlin
perch
pickerel

pike

salmon

sardine

sole
snapper

smelt

swordfish

trout
whitefish

SEEDS

poppy seed
psyllium
psyllium

SULPHITE

*(is a
many foods*

chemical

sodium

sodium

sodium sulphite
potassium

potassium

sodium

sulphur dioxide
sulphurous acid

NOTE: *These lists may change and are in no way complete.*

APPENDIX J

Insect Sting Anaphylaxis

The stinging insects that most often cause reactions/anaphylaxis are bees, wasps, yellow jackets and hornets.

The following are some coping suggestions for peak season (summer, early fall):

- Avoid where insects nest, such as bushes and trees.
- Do not walk barefoot, or with open-toed shoes.
- Avoid garbage cans.
- Make sure you are covered up when going outside.
- Do not wear bright colours, or flowery patterns.
- Do not wear any kind of fragrance.
- Stay away from open or uncovered food and drinks.

If one lands on you do not swat it, brush it away or wait until it goes away on its own.

Latex Allergy

Latex is a hard substance to avoid because you cannot tell by looking at something whether it is latex rubber or a manufactured rubber.

The following is a list of some products that may contain latex:

- erasers, tape/adhesives, craft supplies, seasonal crafts (*special occasions*)
- diapers, underwear
- balloons, soccer balls, volleyballs, basketballs, rubber toys
- band-aids, first aid tape, medical gloves
- carpet backing, mats (rubber), foam rubber
- rubber gloves for cleaning

Children with certain medical conditions and people working in the medical/dental profession may become allergic.

APPENDIX K**Checklist for Parent(s)/Guardian(s) of an Anaphylactic Student**

- [] Arrange meeting with principal to exchange information.
- [] Notify school personnel of your child's allergens in order of severities.
- [] Complete "The Request and Consent Form for the Administration of Epi-Pen in an Emergency Form" (*see Appendix B*).
- [] Provide the school with required number of EpiPens and make sure they are not expired.
- [] Consider a Medic Alert bracelet for your child.
- [] Educate yourself about foods that can cause anaphylactic reactions
- [] Stress with your child and the school staff that only foods from *his/her* home are to be eaten.
- [] Keep up-to-date- about education and new information in this field.
- [] Research field trip sites for allergen risks.
- [] Accompany your child on field trips if possible.
- [] Inform the school bus driver about your child's medical needs. (Keep up-to-date if driver changes)
- [] Verify all posted information about your child.
- [] Inform school staff of any allergic reactions that occur outside of school hours.

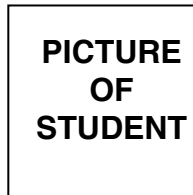
APPENDIX L**Student Poster Template**

Attention!!!

THERE ARE STUDENTS IN THIS ROOM WITH LIFE THREATENING ALLERGIES TO THE FOLLOWING ALLERGENS:

PLEASE DO NOT BRING ANY ITEMS INTO THIS CLASSROOM THAT CONTAIN

Student Poster Template



Attention

Pupils with Allergies

If you have any food allergies such as; peanuts, nuts, eggs, milk,
wheat, shellfish, fish, soybean seeds, sulphites....

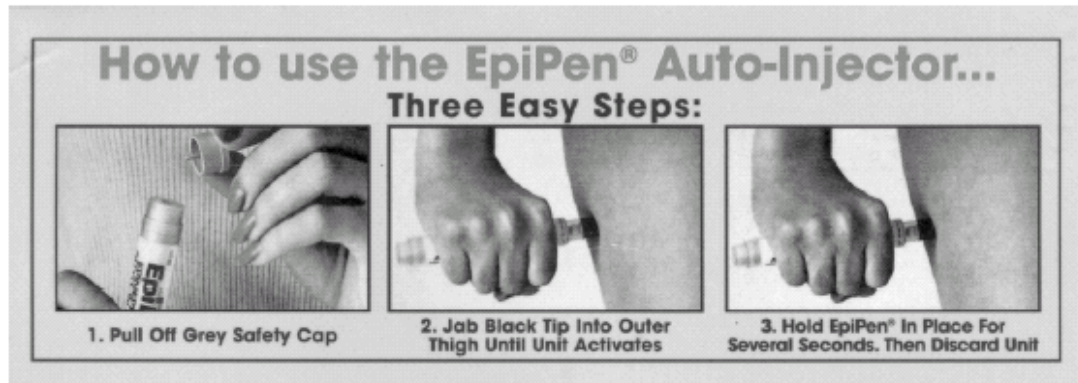
Remember....

If you are not sure, or
have no epi-pen,

DON'T EAT IT.

APPENDIX M

Poster **How to Use the EpiPen Auto-Injector**



Locations – staff handbook, supply teacher handbook, office, PLASP, staff room, bus driver, Health Room.

APPENDIX N: School Action Plan Checklist

- ❑ Description from parent/guardian outlining allergens – preferably in order of severity.
- ❑ Statement – medical history, related/unrelated medical conditions e.g. asthma (completion of forms 400 B/C/D)
- ❑ Degree of awareness of child, maturity
- ❑ Medication required – Can child self-administer?
- ❑ Ask parent/guardian for history of previous reactions, actions taken.
- ❑ Complete (name forms) see Appendix A, B, C and D....
- ❑ Complete Emergency Allergy Alert Form D
- ❑ Parent verifies emergency Allergy Alert Form D
- ❑ Student Verification Form – elementary Short Index - secondary – Information is entered in Notes section and in Medic Alert
- ❑ Section I-J enter information into OSR regarding allergy
- ❑ Prepare Substitute teacher folder
- ❑ Determine location for primary and for backup medication
 - child should carry EpiPen if possible
 - time being of the essence when determining location for EpiPen and back up.
- ❑ Parent/guardian supplies photo(s) of child
- ❑ Arrange for meetings with staff and parents)/guardian(s)
- ❑ Place on agenda of staff meeting or call special staff meeting (semi-annually)
- ❑ Review Collective Agreement with specific reference to administering medical procedures
- ❑ Office staff responds immediately to public address call
- ❑ Prepare letter to school community (see Appendix G)
- ❑ Determine lunchroom practices with parent / first preference - child eats lunch at home e.g. hand washing, desk washing, ventilation, floor, garbage disposal and cleaning
- ❑ Schedule a school assembly and/or classroom information session--
Determine procedures for the arrival of unexpected food (discourage outside food where possible). Organize session on hand washing.
- ❑ Newsletter reminders - Halloween, Christmas, Easter (see Appendix H)
- ❑ Parent/guardian and/or principal informs school bus driver (see Appendix P)

APPENDIX O

Checklist Annual Timeline for Schools with Anaphylactic Pupils

SEPTEMBER

Principal to:

- ❑ Distribute all class materials, folders, files to receiving teacher.
- ❑ Meet with and brief receiving staff (including secretaries/custodians day/night).
- ❑ Check with parent/guardian regarding changes over the summer.
- ❑ Check EpiPen and other medications re: expiry dates and location.
- ❑ Post emergency allergy alert form (see Appendix D)
- ❑ Identify all pupils at initial staff meeting of all staff or hold special meeting re: all anaphylactic pupils
- ❑ Review administration of EpiPen including practice EpiPen
- ❑ Review emergency procedures for each staff member
- ❑ Review 911 procedures and locations of all medications
- ❑ Review and up-date literature / emergency folders/ student photos.
- ❑ Teacher ensures presence of emergency file for anaphylactic student

Teachers of Anaphylactic Pupils:

- ❑ Review Emergency Plan
- ❑ Review key components of student file
- ❑ Review occasional teacher folder.
- ❑ Review location of all medications.
- ❑ Establish class cleanup routines (wipe down desks)
- ❑ Distribute information letter to school community.
- ❑ Provide parent/guardian with communication package (Appendix V)

APPENDIX P

ANAPHYLAXIS PROTOCOL for Transportation

The protocol should consist of the following:

Initial 6 hours training of emergency management, CPR and first aid training including EpiPen training and annual refreshers. Both the principal and the parent/guardian should identify the child to the school bus company.

APPENDIX Q

STAFF INSERVICE OF ANAPHYLAXIS PROTOCOL AND GUIDELINES

A School Plan of Action for Anaphylaxis – Protocol and Guidelines is recommended that the school principal review the document with all school staff at a staff meeting early in the school year – September/October. It is also recommended that the principal meet with the parent(s)/guardians(s) of pupils diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis as outlined in A School Plan of Action for Anaphylaxis – Protocol and Guidelines.

Principals are asked to complete this form and retain for future reference.

Name of School: _____

Date of inservice to staff: _____

Inservice suggestions to staff include a general review of the document and:

- view and discuss “Taking Control Food allergies and You” video (See resource list)
- Specific roles of the administration in providing plan of administration of medication to pupils with an anaphylactic allergy.
- Choices that staff members have in providing the safest environment to themselves and to pupils.
- A review of procedures that staff are to follow when a student is experiencing Anaphylactic shock.

Staff Inservice:

September/October: _____
Signature of Principal Date

Staff Signature(s)

_____	_____
_____	_____
_____	_____
_____	_____

(Attach page for additional staff signatures)

APPENDIX R

BEST PRACTICES

When setting up a school to be allergen aware, these are some “best practices”.

Identify pupils with allergen, upon registration/new diagnosis.

Send home appropriate forms.

Create a questionnaire asking pertinent questions regarding allergy.

Have a meeting with all parent(s)/guardian(s) of children with an anaphylactic allergy and review strategies that reduce risk for student.

In-service all staff about protocol, use of EpiPen and your school emergency procedures.

Exchange information about school procedures, and what parental expectations are for student.

Put up Allergy alert signs at all entrances, vending machines, as well as doors of classrooms of the pupils with an anaphylactic allergy.

Send home letters to the whole school population, notifying parents that specific allergens are discouraged from entering the school.

Follow-up with a letter or a telephone call to the parent(s)/guardian(s) of a child that has brought an allergen into the school. (This should be performed by the teacher or the principal.)

If a child brings an allergen in their lunch or snack, you should have that child eat in an area that is not normally used by the general student population. (An office or a conference room has been the general practice for most schools.)

Medication should be stored in a location that is easily accessible and NEVER LOCKED.

Inform organizations accessing permits at school regarding anaphylactic policy

Exercise caution when committing to fund raising companies to ensure that identified anaphylactic allergens are not contained in the products sold by school community.

APPENDIX S



Office of the Director of Education

LETTER OF INDEMNITY

September, 2008

All Employees of the Dufferin-Peel Catholic District School Board:

With respect to the Anaphylaxis protocol, the following letter of indemnification shall apply:

“If an employee administers medication to a student, in an emergency situation, the Dufferin-Peel Catholic District School Board shall, at all times, indemnify and save harmless, the employee, from and against all claims, demands, reasonable related legal costs, damages, actions, suits or other proceedings for bodily injury (including death) arising from anything negligently done or anything negligently omitted by the employee, acting in good faith in administering, or failing to administer, the medication.”

Yours truly,

John Kostoff
Director of Education

(Revised August 2008)

APPENDIX T

(School Letterhead)

ANAPHYLACTIC REACTION

Sample Reminder / Thank You Letter

Dear Parent(s)/Guardian(s):

Re: Peanut Allergies

The pupils in our school with severe *food* allergies that are life-threatening, and their families, would like to join me in thanking you for your understanding and cooperation as a result of the request to avoid sending peanut and nut products to the school. There has been a reduction in the number of peanut and nut products* brought to school in snacks and lunches, and we would like to thank you for continuing to avoid sending these products to school with your child.

Since even a minute amount of the allergic substance can cause a life-threatening reaction, keeping it out of the classroom is our best method of preventing a serious reaction at school.

If your child does bring a food to school containing peanut or nut products, please ask the child to let the teacher know.

Thank you again for your cooperation in this important issue.

Sincerely,

Principal

***Schools will need to substitute if anaphylactic allergen differs (milk, egg, wheat, soy, fish, shellfish)**

APPENDIX U

(School Letterhead)

ANAPHYLACTIC REACTION

SAMPLE LETTER TO CLASSROOM PARENT(S)/GUARDIAN(S) FROM TEACHER

Dear Parent(s)/Guardian(s) of Pupils in Grade _____.

A child in our class has extreme allergies to This also includes any food that contains peanuts, or peanut products. The allergy of this student is so severe that it could be life threatening; he/she may have a reaction if any item containing peanuts is even in close proximity.

All staff have been informed of this situation, and have been instructed in the correct procedure regarding anaphylactic reaction.

- We need your cooperation in refraining from sending these food products to school with your child.
- Kindly speak to your child about the severity of this allergy.
- We have informed the student body of the problem, and have asked them not to share their lunches, snacks or treats.

We recognize that for some parents/guardians this may be difficult to accommodate. Please contact your son's/daughter's teacher for alternatives.

Thank you for your assistance in making your school a safe environment for all pupils.

Sincerely,

Teacher

APPENDIX V

ANAPHYLAXIS: DIVISION OF RESPONSIBILITIES

FOR PARENTS/GUARDIANS, PUPILS, SCHOOL PERSONNEL

ENSURING THE SAFETY OF PUPILS WITH AN ANAPHYLACTIC ALLERGY IN A SCHOOL SETTING DEPENDS ON THE COOPERATION OF THE ENTIRE SCHOOL COMMUNITY. TO MINIMIZE RISK OF EXPOSURE, AND TO ENSURE RAPID RESPONSE TO EMERGENCY, PARENTS, PUPILS AND SCHOOL PERSONNEL MUST UNDERSTAND AND FULFILL THEIR RESPONSIBILITIES.

RESPONSIBILITIES OF THE PARENTS/GUARDIANS OF AN ANAPHYLACTIC CHILD

- Inform the school of their child's allergies
- Provide a medic alert bracelet for their child
- Provide the school with physician's instructions for administering medication
- Provide the school with up-to-date injection kits, and keep them current
- Provide support to school and teachers as requested
- Provide in-service for staff, if requested
- Participate in parent advisory/support groups
- Assist in school communication plans
- Review the school action plan with school personnel
- Supply information for school publications:
 - recipes
 - foods to avoid
 - alternate snack suggestions; and
 - resources
- Be willing to provide safe foods for special occasions
- Teach their child:
 - to recognize the first symptoms of an anaphylactic reaction
 - to know where medication is kept, and who can get it
 - to communicate clearly when he or she feels a reaction is starting
 - to carry his/her own auto-injector in a fanny-pack
 - not to share snacks, lunches or drinks
 - to understand the importance of hand-washing
 - to cope with teasing and being left out
 - to report bullying and threats to an adult in authority; and
 - to take as much responsibility as possible for his/her own safety.
- Welcome other parents' calls and questions about safe foods.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL (AS AGE APPROPRIATE FOR THE STUDENT)

- Work closely as possible with the parents/guardians of a pupil with an anaphylactic allergy
- Ensure that the parents/guardians have completed all the necessary forms. (sample attached from Administrative Procedures: Administration of Prescribed and Emergency Medication)
- Ensure that instructions from the child's physician are on file
- Notify the school community of the anaphylactic child, the allergens and the treatment
- Post allergy-alert forms in the Health Room. (sample attached from Administrative Procedures: Administration of Prescribed and Emergency Medication)
- Maintain up-to-date emergency contacts and telephone numbers
- Ensure that appropriate staff and volunteers have received instruction with the auto-injector
- Ensure that substitute teachers are informed of the presence of a pupil with an anaphylactic allergy and have been adequately trained to deal with an emergency
- Inform all parents/guardians that a child with life-threatening allergies is attending the school, and ask for their support. (sample letters and newsletter attached in Appendix A, B, C)
- Arrange for appropriate in-service. At least annually if there are anaphylactic pupils
- Develop an emergency protocol for each pupil with an anaphylactic allergy. (see Appendix D)
- Maintain an auto-injector trainer in medical supply area
- Store auto-injectors in easily accessible locations
- Establish safe procedures for field trips and extra-curricular activities. (see section 3). Avoidance– Field Trips)
- Implement Board procedures for reducing risk in classrooms and common areas. (see section 3. Avoidance– Establishing Safe Lunchroom and Eating Procedures)
- Enforce disciplinary procedures for dealing with bullying and threats.

RESPONSIBILITIES OF THE CLASSROOM TEACHER (AS AGE APPROPRIATE FOR THE STUDENT)

- Display a photo-poster in a classroom, with parental approval. (sample attached from Administrative Procedures: Administration of Prescribed and Emergency Medication (Section 01.16.00: Appendix F)
- Discuss anaphylaxis with the class, in age appropriate terms
- Encourage pupils not to share lunches or trade snacks
- Choose allergy-free foods for classroom events
- Establish procedures to ensure that the pupil with an anaphylactic allergy eats only what he/she brings from home
- Reinforce hand washing before and after eating
- Facilitate communications with other parents/guardians
- Follow the Board's procedures for reducing risk in classrooms and common areas. (see section 3. Avoidance)
- Enforce school rules about bullying and threats
- Leave information in an organized, prominent and accessible format for substitute teachers
- Ensure that the auto-injectors are taken on field trips

RESPONSIBILITIES FOR PUBLIC HEALTH

- Consult with or act as a resource and provide information to parents/guardians, pupils and school personnel
- Participate in planning Board policy and procedures

RESPONSIBILITIES OF ANAPHYLACTIC PUPILS (AS AGE APPROPRIATE FOR THE STUDENT)

- Take as much responsibility as possible for avoiding allergens
- Eat only foods brought from home
- Take responsibility for checking labels and monitoring intake (older pupils).
- Wash hands before eating
- Learn to recognize symptoms of an anaphylactic reaction
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear
- Take responsibility for keeping their auto-injector with them at all times

APPENDIX W

ANAPHYLACTIC RESOURCES

1. SABRINA'S LAW KIT (Green Plastic Box)
From Ministry (January 2006)
2. REGION OF PEEL – SCHOOL HEALTH MANUAL
UPDATED ANAPHYLACTIC RESOURCES & MEMO
3. ANAPHYLAXIS CANADA – BROCHURE
DO YOU OR A LOVED ONE HAVE A LIFE THREATENING ALLERGY?
Phone Numbers – 1-866-785-5660
416-785-5666

Fax 416-785-0458
E-mail info@anaphylaxis.ca
Web www.anaphylaxis.ca
4. ALLERGY ASTHMA INFORMATION ASSOCIATION (AAIA)
- PRODUCT BOOKLET – SEPT/06
1-888-250-2298

www.aaia.ca

SPECIFICS – “TAKING CONTROL – FOOD ALLERGIES & YOU” VIDEO/DVD –
VOL. 1

“TAKING CONTROL – WATCHING THE SIGNS’ VIDEO/DVD – VOL. 3
5. EPI-PEN TRAINER & INSTRUCTIONS
FROM – ANAPHYLAXIS CANADA & REGIONAL HEALTH DEPARTMENT

ALSO – TWINJECT & YOU – DVD & TRAINER

Phone – 1-877-TWINJECT
Web www.twinject.ca
6. “ANAPHYLAXIS IN SCHOOLS & OTHER SETTINGS’ 2005
- MANUAL FROM THE CANADIAN SOCIETY OF ALLERGY AND CLINICAL
IMMUNOLOGY
- AVAILABLE FROM –AAIA (SEE #4 ABOVE)
7. POSTER – HOW TO USE THE EPI-PEN POSTER (FROM AAIA)
8. STOP SIGN – FOR INDIVIDUAL CLASSROOMS

- ELECTRONIC COPY FROM DP H&S (APPENDIX L)
9. GAP FORMS
- GF 400 A (Red Folder)
- GF 400 B
- GF 400 C
- GF 400 D

Additional Guidelines for Secondary School Pupils

Secondary school pupils may possess the necessary level of maturity and responsibility to monitor their environment for allergens, and to administer their own prescribed medications, both on a regular basis and in the event of an anaphylactic reaction. However, increased rather than decreased vigilance is needed in secondary school settings and for secondary school age pupils as they travel further from home, as they are extremely vulnerable to peer influences and as they may, at this stage of development, deny their vulnerability.

Secondary schools should follow the following guidelines

- * Secondary school pupils should carry the proper prescribed amount of medication on their person;
- * Secondary school staffs should consider arranging presentation of information on allergy and anaphylaxis, through the academic program or through a school-wide assembly;
- * Secondary school pupils who are subject to anaphylactic reaction should be aware that foods with allergens may be served in the school cafeteria. Cafeteria staff should also be aware of anaphylactic pupils and educated about anaphylaxis.

C. ACTION - EMERGENCY RESPONSE PLAN

Every School Principal must develop an individual plan for every known pupil who has an anaphylactic allergy. Every individual plan will include:

- Communicate emergency **A.S.A.P.** to “Epi-Pen” trained staff member
- Administer epinephrine
- Call 911 or an ambulance ... inform operator that student having anaphylactic reaction
- If no ambulance, transport by car, one adult as well as driver
- If possible, call hospital to inform of situation
- If transported by car, inform police of make and license
- Call parent/guardian/emergency contact
- Re-administer “Epi-Pen” every 10-20 minutes while on route if individual experiences a backward slide in condition, i.e. worsens
- Keep dispensed “Epi-Pen”
- Complete OBSIE form – (see Appendix E)

Location of “Epi-Pens”

- * Covered, secure, accessible area
- * As soon as mature enough, pupils should also carry their own
- * Up-to-date supply provided by parents/guardians in unlocked area of classroom and/or central area
- * Number depends on estimated time to medical facility
- * All staff to know locations of “Epi-Pen”

.....